

Programs through Roosevelt Adventures

Permission Forms- Acknowledgement of Risk- Waiver and Release of all Claims

I certify that my child's current physical condition is satisfactory for participating in programs through Roosevelt Adventures LLC. I recognize and acknowledge that there are certain risks of physical injury in and recreational programs, outdoor skill development, and local bike rides and I hereby assume full responsibility for any expenses incurred as a result of my child's participation with Roosevelt Adventures LLC and any related programs.

I agree to: (a) waive and relinquish; (b) fully release and discharge; and (c) indemnify and hold harmless Roosevelt Adventures LLC, and its committees, officers, agents, employees, and contractors, including but not limited to its officers, agents, employees, and subcontractors from any and all claims from injuries, illness, damage, or loss which may have accrued or which accrue to my child or me on account of my child's participation in programs through Roosevelt Adventures other than injuries, illness, damage, or loss resulting from negligence, or willful misconduct.

Participant Name(s): _____

Parent and/or Guardian Name(s): _____

Parent and/or Guardians Signature: _____ **Date:** _____

Camper Dismissal

When being dismissed from locations within the town of Roosevelt my child will: (check all that apply)

Be picked up by parent/guardian

Walk/Ride Bicycle Home

The following people are permitted to pick up my child:

Name

Phone

Parent and/or Guardians Signature:

_____ **Date:** _____

Medical Information and Release Form

Medications currently being taken: _____

Allergies or Reactions: _____

Restricted Activities for Child: _____

Other Comments: _____

As parents/guardians of (Print Camper Name(s)) _____, we hereby consent, in our absence, to any adult in possession of the Consent & Release consenting to authorizing or approving any X-Ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and emergency and hospital care to be rendered to our child under the general and special supervision and on the advice of any license physician, dentist, surgeon, nurse, or paramedical person, and we agree to pay for such treatment. We also agree to indemnify and hold harmless such person who may be in possession of this Consent & Release, Roosevelt Adventures LLC, and its committees, officers, agents, employees, and contractors, including but not limited to its officers, agents, employees, and subcontractors of Roosevelt Adventures LLC and any qualified medical person from any and all claims, demands, suits, judgements, or actions of any kind arising out of our child's participation in the program. Also, we release any and all medical persons, institutions, and organizations from reliance upon the consent authorization of approval of medical treatment for our child made by an adult in possession of this Consent & Release.

Parent/Guardians Signature: _____ **Date:** _____

Phone: _____

Emergency Contact(s): _____ **Phone:** _____
